

Department of Health and Hospitals: Summer Feeding Site Questionnaire

Date of Submission: _____

1. Name of the Site: _____

2. Has this site been previously permitted? _____

If so, will the type of permit stay the same? _____

If this site has an annual DHH permit, what is the number? _____

3. Phone number: _____ Fax number: _____

Email Address: _____

*Applicants will be contacted by email for questions and approval information, if provided

4. Physical Address of the Site: _____

5. Mailing Address (if different from the physical address): _____

6. Agency Sponsoring the Site: _____

Sponsor Contact: _____

7. Mailing Address of Sponsor: _____

8. Phone number of Sponsor: _____

9. Name of On-site Contact: _____

10. Phone number of Contact: _____

11. Type of Feeding Site: Circle One

Kitchen Satellite Kitchen Outdoor Service Mobile Unit Other: _____

12. Dates Food Service will be provided: _____ to _____

13. Days of the Week: _____ Monday to Friday or please check: __M__T__W__T__F

14. Time and Type of Service:

1. _____ 2. _____ 3. _____

15. What is the Average Daily Participation for # of meals served? _____

16. Please provide a copy of dates and times that field trips or closures will interfere with designated food service times.

17. Check all types of meals that are to be provided:

Hot Food _____ Bag/Box Lunches _____ Fast Food Delivery _____

18. Where is a hand sink for the children to use with hot water, soap, and paper towels? _____

Kitchens with cooking and/or heating:

19. Is there a hand sink with hot water, soap, and paper towels in the food prep area? _____

20. This permit requires a grease trap. What size is the grease trap? _____

21. Is there a 3 compartment sink for dishwashing and sanitizing? _____

22. What kind of equipment will be use? Note how many of each.

____ refrigerators ____ ovens ____ freezers ____ microwaves ____ ice chests

Satellite Facilities:

23. What sponsor delivers food? _____

Facility name: _____

DHH Permit number: _____

Address: _____

Phone Number and Contact: _____

Contact Email: _____

24. How will hot foods be maintained at 135F or higher and cold foods at 41F or below during travel and service? _____

This Summer Feeding Questionnaire is to be reviewed by the DHH parish office in the parish the site will be located. Once the questionnaire is received, please allow up to two weeks for review. When the plans have been approved, an inspection may be requested through the same office.